

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W K		3-12-01
O.I.P.E. CLASSIFIER		49	4/2/01
FORMALITY REVIEW	W	1019	05-29-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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